

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date:: 03/06/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: EFFERVESCENT COMPOSITIONS COMPRISING
BISPHOSPHONATES AND METHODS RELATED
THERE TO

Attorney Docket Number:: 214240

Request for Early Publication?: No

Request for Non-Publication?: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?: Yes

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: McCallister
City of Residence:: West Palm Beach
State or Prov. of Residence:: FL
Country of Residence:: US
Street of mailing address:: 8469 Ironhorse Ct.
City of mailing address:: West Palm Beach
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33412

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Christer
Middle Name::
Family Name:: Rosén
City of Residence:: Tequesta
State or Prov. of Residence:: FL
Country of Residence:: US
Street of mailing address:: 17537 SE Conch Bar Avenue
City of mailing address:: Tequesta
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33469

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: LiFizz, Inc.
Street of mailing address:: 1095 Jupiter Park Drive, Suite 11
City of mailing address:: Jupiter
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33458